

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND														
1 Date of Request: <u>5/27/88</u>		2 Serial/Patent # <u>10/586362</u>												
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT										
	Filing			\$										
	Amendment			\$										
	Extension of Time			\$										
	Notice of Appeal/Appeal			\$										
	Petition			\$										
	Issue			\$										
	Cert of Correction/Terminal Disc.			\$										
	Maintenance			\$										
	Assignment			\$										
	Other			\$										
		7 TOTAL AMOUNT OF REFUND		\$ <u>290</u>										
		8 TO BE REFUNDED BY:												
10 REASON:		Treasury Check												
	Overpayment	Credit Deposit A/C #:												
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
<input checked="" type="checkbox"/>	No Fee Due (Explanation):													
<i>Amnt cleared multiples up.</i>														
11 REFUND REQUESTED BY:														
TYPED/PRINTED NAME: _____		TITLE: _____												
SIGNATURE: _____		PHONE: _____												
OFFICE: _____														
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****														
APPROVED: _____		DATE: _____												

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*